

## Support Annex 1: Special Needs Populations

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## 1.0 INTRODUCTION

### Coordinating Agency:

- United Way

### Cooperating Agencies:

- American Red Cross
- Law Enforcement Agencies
- City/County Public Health Department
- St. Peter's Hospital
- Lewis & Clark County Disaster & Emergency Services
- Lewis & Clark County VOAD
- Emergency Medical Services (EMS)
- 911 Dispatch Center
- Others?

### 1.1 Purpose:

This annex provides a framework for supporting populations whose members may have additional needs before, during, and after an incident in functional areas including, but not limited to:

- *Maintaining independence*
- *Communication*
- *Transportation*
- *Supervision*
- *Medical care*

Individuals in need of additional response assistance may include:

- Persons who have challenges due to disability, including, but not limited to,
  - hearing or sight impairment,
  - mobility impairment,
  - mental or developmental disability, or
  - any person declared by a medical doctor or government agency to be disabled.
- Minor children whose parents are not available to care for them.
- Aged citizens who need assistance moving about or with personal care.
- Indigent citizens who lack the basic resources to self-evacuate such as transportation, financial resources and temporary lodging arrangements.
- Persons with limited English proficiency.

### 1.2 Scope:

This annex is intended to encompass all public and private institutions housing or supervising Special Needs Populations (SNP) as well as individuals with special needs living independently within the County. However, the content contained herein is broad in scope and not intended to be all encompassing of the challenges in supporting response operations for the County's Special Needs Population. It is recommended that institutions, service providers, and most of all, the individuals themselves, take responsibility for their own pre-disaster preparedness. Persons with special needs are encouraged to have individual plans for emergencies. The importance of individual preparedness cannot be overstated.

The term "shelter" used in this annex means any facility established to provide care and assistance to the public during an emergency incident.

## 2.0 SITUATION & ASSUMPTIONS

### 2.1 Situation:

1. Statistical estimates following Hurricane Katrina suggest that approximately 20% of a jurisdiction's population may be considered "special needs". These needs may be related to maintaining independence, communication, transportation, supervision, and medical care and often render these populations especially vulnerable during a disaster.
2. The [National Response Framework](#) has identified the following groups of individuals as those who may have additional needs before, during, or after an incident:
  - Disabled
  - Elderly
  - Children
  - Live in institutions
  - Limited English Proficiency
  - Transportation disadvantaged
3. Individuals in the above categories who might need extra assistance during a disaster or emergency are widely-distributed across Lewis & Clark County. They may live independently, in community based/assisted living facilities, in long term care facilities, or may even be homeless.
4. Some people may utilize service animals, therefore accommodations for animals must be considered when working on evacuation planning and sheltering.
5. The community is home to numerous service providers that provide services to residents either in their homes or in facility settings. These service providers maintain client/patient lists, have specially trained staff, specialized equipment, and in some cases, specialized vehicles.
6. The City/County Health Department and MTDPHHS maintain lists of people who may provide assistance to special needs populations during an emergency. These lists include medical personnel, interpreters, mental health professionals, and pharmacists.
7. There is no identified "emergency special needs shelter" currently available in the County. Evacuees with special needs will either have to be managed at existing shelters, transported to assisted living/healthcare facilities, or seek refuge with family or friends.

### 2.2 Assumptions:

1. Up to 20% of an incident's **affected** population may have special needs.
2. It is highly unlikely, with the possible exception of a wide spread winter storm or some cataclysmic event, that the entire county would be affected at one time by a disaster or emergency.
3. Some special needs populations may not receive, understand, or be able to respond to Public Warning messages.
4. Community resources such as interpreters, health care personnel, and facility managers will make themselves available and provide assistance to members of the community having special needs.
5. Some members of the community will evacuate without or may be separated from their medical supplies or specialized equipment (wheelchairs, prescriptions, oxygen, etc.).
6. Emergency incidents may threaten or affect special needs facilities such as child day care centers, institutions, assisted living facilities etc.. These facilities may lack the resources to effectively evacuate without assistance.

- 1        7. It is assumed that each special needs facility or agency has a current emergency action plan which  
2        includes procedures for evacuation and procurement of emergency transportation and patient  
3        care. It is also assumed that facilities take the initiative to train staff and residents and inform  
4        families as needed.
- 5        8. Special Needs Facilities and Service Providers in the community maintain lists of their residents  
6        and clients in the community and will make this information available to emergency response  
7        agencies during an emergency or disaster as needed and appropriate.
- 8        9. Some of the special needs individuals in the county that are not living in some type of care  
9        facility have family, friends, or neighbors that are aware of their situation and if unable to help  
10       them directly during an emergency, would notify authorities about the need for assistance.

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## 3.0 CONCEPT OF OPERATIONS

### 3.1 General

1. When emergencies threaten local populations, local response agencies will respond using all available resources. If necessary, the County Emergency Operations Center (EOC) will be activated to provide resource and information coordination support to Incident operations.
2. As appropriate, the EOC team will attempt to identify and coordinate assistance for any populations in the affected area(s) that may need help. This will be done through the use of the Incident Command System (ICS) organizational structure outlined for the EOC and in conjunction with on-scene Incident Commander(s).
3. Special Needs Populations will most likely be supported by ESF 6 and ESF 8 resources in the EOC. Local Special Needs Subcommittee members will be contacted to provide an Agency Representative to the EOC to for coordination assistance.
4. Due to the critical care required for a Special Needs Shelter operation, such a shelter should be the last option for the public during an emergency incident. Appropriate options include,
  - a. Individual can go to the home of a family member, relative or qualified caregiver.
  - b. Individual can be transported to a hospital.
  - c. Individual can be transported to a skilled nursing facility, extended care facility, group home, day care facility, or other like facility with appropriate staff and management, or to another facility with available space.
5. The American Red Cross is the lead authority for management of a Shelter. The City/County Health Department is the lead agency for management of medical and public health care in a shelter.
6. Private and NGO entities such as providers of mental health, developmental disabilities, and medical assistance will assist and augment the ARC in the screening and management of Shelters.
7. In order to provide for proper care and protect the rights of residents, the Shelter may segregate residents into three or more classes, including,
  - a. Residents in need of medical care,
  - b. Residents who are generally healthy and have no immediate need beyond customary [Mass Care] resources, and
  - c. Minor children not presently in the custody of their parents (i.e., child day care center evacuees).
8. In the event that any care facility is evacuated to a shelter, staff of that facility shall accompany their residents/charges and shall bring appropriate resident documentation (i.e., medical charts, etc). Any documentation shall be treated as confidential, shared only with qualified medical personnel and must be kept with the person to whom it belongs.
9. Under no circumstances should a person be denied admittance to a Special Needs shelter unless that person,
  - a. Presents a significant threat to the safety or health of the shelter population, or,
  - b. Fails to exhibit a qualifying special need beyond a reasonable doubt.
10. The DES Coordinator will facilitate the ongoing development of additional Special Needs planning and strategic development.

**3.2 Preparedness**

1. Partner with independent living, consumer service, and advocacy organizations to extend outreach to individuals with disabilities to help them plan ahead for sheltering in place or evacuating from their home, school, workplace, or facility.
2. Include members of the public and private sector (including local businesses) in the planning and outreach process, ensuring participation of potentially transportation-dependent populations including older adults, persons with disabilities (including physical, visual, hearing, intellectual, psychiatric, learning, and cognitive disabilities), people living in group situations, and those without access to personal transportation
3. Utilize multiple means of communicating public information and education. Stress the message of personal preparedness through PSAs, outreach materials (brochures, magnets), and through special needs networks within the community.
4. Conduct *Map Your Neighborhood* trainings.
5. Pre-select accessible mass-care shelter sites to ensure that individuals with mobility limitations are not misdirected to medical shelters unnecessarily and ensure that shelter plans outline how to obtain resources needed to support special needs shelter residents.
6. Train shelter staff on screening evacuees to identify those that may have special needs and how to assist them.
7. Establish mutual aid agreements and memorandums of understanding with local agencies and neighboring jurisdictions that can provide additional resources and assistance.
8. Ensure systems are in place to identify and validate the credentials of volunteers, particularly medical personnel, who volunteer their services during and incident.
9. Prepare public information message templates in languages known to be spoken in the community.

**3.3 Response**

1. Agency Representatives report to the EOC.
2. Ensure that messages provide specific information about transportation, evacuation, and shelter locations and any special instructions such as staging or pickup sites and receptions areas.
3. Ensure continuity of critical services.
4. Provide transportation assistance for those with special needs.
5. Activate agency or facility emergency operations plans.
6. Identify appropriate location for a Special Needs Shelter and facilitate its proper and timely activation OR provide for special needs residents at existing Shelters.
7. Provide trained staff as appropriate at the shelter(s).
8. Establish and maintain communications between shelters and the EOC to ensure support.
9. Provide timely and accurate public information.

**3.4 Recovery**

1. Activate family reunification systems, like the [\*ARC Safe & Well Website\*](#) or *NEFRLS (National Emergency Family Registration & Locator System)*, as soon as possible.
2. Develop a Priority Facility Restoration List
3. Continue to utilize multiple means of communicating public information and education.
4. Ensure the availability of mental and behavioral health professionals
5. Coordinate with ESF 14 for Individual Assistance.

**3.5 Mitigation**

1. Coordinate with congregate settings.
2. Conduct training & education.
3. Conduct Practice Drills.
4. Convey public information in multiple formats & languages.
5. Form Planning and Response networks.
6. Improve infrastructure.
7. Evaluate shelter accessibility and usability for special needs populations.

## 4.0 ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

### 4.1 Organization:

Special Needs support will most likely be coordinated through the Emergency Operations Center (EOC). SNP agency and support representatives in the EOC will be organized under the ICS Operations Section as either a stand-alone “Team” or as part of a functional Group depending upon the needs of the incident.

### 4.2 Assignment Of Responsibilities:

#### A. Coordinating Agency

1. Work with ESF 6 and 8 representatives to identify locations of appropriate Shelter sites and facilitate proper and timely activation of same.

#### B. Cooperating Agencies

##### 1. American Red Cross

- a. Provide customary [Mass Care](#) resources.
- b. Request any additional resources as needed to effectively operate the shelter.
- c. Set up and operate screening procedures that allows for special needs triage and results in appropriate segregation of residents.
- d. Conduct essential human services as described in ESF 6.
- e. Coordinate activities with other agencies tasked for shelter operations.
- f. Ensure adequate security is available on-site to keep the peace, protect rights and safety of residents, and to facilitate release of shelter residents.
- g. Make notifications to family members of residents to advise of the resident’s location and status.
- h. Maintain communications with shelter staff.
- i. Maintain communications with EOC personnel. EOC staff shall determine method of communications.
- j. Establish operating area for amateur radio, as needed.

##### 2. City/County Health Department

- a. The Health Department supports shelter operations by assisting the ARC in coordinating medical care and resources for shelters.
- b. Help ARC by coordinating for nursing staff for triage and medical care and monitoring.
- c. Coordinate other professional medical staff as necessary for effective medical screening and care, including physicians, as necessary.
- d. Assist in procurement of pharmacy needs.
- e. Shelter-wide, identify the need for, and request, professional mental health assistance.
- f. Make notifications to residents’ primary care physicians to advise status and location of residents.



- g. Identify and request resources, as needed, for effective medical care.
- h. Establish and maintain communications with supporting EOC personnel and local hospitals.
- i. Maintain language translation services resources.

### 3. Emergency Management (DES):

- a. Activate the Special Needs Population annex, based on real or perceived need or possible need. Activities include:
  - ◆ Notifying tasked agencies.
  - ◆ Coordinating with other agencies to determine appropriate Shelter location(s).
  - ◆ Activating the Transportation Annex (ESF 1).
  - ◆ Coordinates communications activity between shelter(s) and Emergency Operations Center. (ESF 2)
  - ◆ Insure adequate security is provided for shelter location.
- b. Provide for alert and warning of persons located in the affected area.
- c. Serve as liaison between local jurisdictions and response agencies and the State for requesting resources when the capabilities of local response agencies are exceeded.
- d. Provide for information and resource management support as needed.

### 4. Emergency Medical Service (EMS)

- a. Provide on-site availability of basic and advanced life support services and emergency transportation from the shelter to hospitals.
- b. Assist in evacuation of Special Needs population to shelter locations, as requested.
- c. Assist shelter medical operations, as needed.

### 5. Law Enforcement

- a. Fulfill tasks under [Evacuation] annex.
- b. Assign sworn officers to establish and conduct shelter security operations.
- c. Provide transportation for arrested individuals from the shelter.
- d. Assure orderly intake operations for persons arriving at the shelter, insuring that everyone follows intake and triage procedures.

### 6. 911 Center

- a. Process 911 calls for service from persons requesting Special Needs assistance per internal policy.
- b. Provide 911 TTDY services.

## 5.0 AUTHORITIES AND REFERENCES

### AUTHORITIES

- ❖ Americans with Disabilities Act of 1990 (ADA).
  - ▲ 42 USC §§ 12131-12134 28 CFR Part 35; Title II - State and Local Government - Part A (state and local government programs, services, and activities)
  - ▲ An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities, U.S. Dept. of Justice, 2006
  - ▲ ADA Checklist for Emergency Shelters, U.S. DOJ, 2007
- ❖ Public Health Service Act, as amended
- ❖ Rehabilitation Act of 1973, as amended, Section 504
- ❖ Robert T. Stafford Disaster Relief and Emergency Assistance Act PL 93-288, 1988
- ❖ Social Security Act of 1935, as amended

### REFERENCES

- ❖ A Guide for Local Jurisdictions In Care & Shelter Planning, Alameda County Operations Area Emergency Management Organization, 2003.
- ❖ Centers for Disease Control: Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors Version 1.0, US Dept. of Health & Human Services ,October 2004
- ❖ Comprehensive Preparedness Guide 101: A Guide for All-Hazard Emergency Preparedness Planning, FEMA March 2009.
- ❖ Interim Emergency Management Planning Guide for Special Needs Populations, CPG 301, FEMA, 2008.

## **6.0 ATTACHMENTS**

### **Lewis & Clark County SNP Facilities Map**

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